

ALW User Registration

Return this form to:

TASC, DCRT
Building 12A, Room 1011
National Institutes of Health
12 South Drive MSC 5605
Bethesda, MD 20892-5605
FAX: 402-7349

DCRT Account No.

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In order to register for ALW, you must be registered to a DCRT Account for billing purposes.

If you have a DCRT account: 1) Please indicate the account number above, 2) complete the user information section below, and 3) have the sponsor of that account sign below authorizing this request.

If you need to open a DCRT account for billing purposes: please complete form NIH 1767-1 and then proceed with the completion of this registration form. For more information on completing these forms, please call the TASC on 301-594-DCRT.

User Information:

Name (Please print): _____ Institute: _____

NIH Address: _____ Telephone: _____

DCRT Account/Registered Initials: _____

*Preferred User Name: _____

**Second choice: _____ Third choice: _____

*User name is used during login, as a mail addressee, and as a general identifier. It may have up to 8 lowercase alphanumeric characters. Initials, first or last name, or a combination of name and initials are suggested (e.g., jsmith, jack, jms). If you already have an account on the Helix systems, then specify the same user name.

**Please specify second and third choices in case first choice is unavailable.

Authorization:

DCRT Account Sponsor's Name (Please print): _____

DCRT Account Sponsor's Signature_____
DATE

The signing of this document will register this user for the above account if not already registered.

DO NOT WRITE BELOW THIS LINE

ALW Account Notification

Your account on the ALW system has been established. Please login and change the password (type the command *kpasswd* and the system will prompt for a new password).

ALW User Name: _____

Initial Password: _____

NOTE: User Name and initial password are always in lower case characters.